

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 766415**

1. Entity Name

WEST OAKS CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 11, 2002 8:00 am
Secretary of State

02-25-2002 90095 035 ****61.25

Principal Place of Business

Mailing Address

833 WEST AVENUE
MIAMI BEACH FL 33139**833 WEST AVENUE**
MIAMI BEACH FL 33139**23384**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2472925

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MEZQUIA, IVONNE
833 WEST AVE.
204
MIAMI BEACH FL 33139

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MEZQUIA, IVONNE**
CITY-ST-ZIP **833 WEST AVE #204**
MIAMI BEACH FL 33139TITLE ☒ Delete
NAME **VP**
STREET ADDRESS **KNOTT, ROBERT**
CITY-ST-ZIP **833 WEST AVE., #404**
MIAMI BEACH FLTITLE ☐ Delete
NAME **TD**
STREET ADDRESS **SOORUS, SHANE**
CITY-ST-ZIP **833 WEST AVE, #504**
MIAMI BEACH FL 33139TITLE ☒ Delete
NAME **D**
STREET ADDRESS **ANDREU, JUAN**
CITY-ST-ZIP **1094 SW 135 COURT**
MIAMI FL 33184TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **PINO, EMILIA**
CITY-ST-ZIP **833 WEST AVE, #305**
MIAMI BEACH FL 33139TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **IVONNE MEZQUIA**
CITY-ST-ZIP **833 WEST AVE #204**
MIAMI BEACH FL 33139TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME **TD**
STREET ADDRESS **RICHARD AGUIAR**
CITY-ST-ZIP **833 WEST AVE #204**
MIAMI BEACH FL 33139TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

Date

Daytime Phone #

2/4/02 305 474 4930

CR2E037 (9/01)